

FEDERAL GRANT APPLICATION/AWARD NOTIFICATION
STATE OF CALIFORNIA STATE CLEARINGHOUSE (916) 445-0613

1 APPLICATION DATE

19 76 06 18

ITEMS 1-31 TO BE COMPLETED BY APPLICANT

3. APPLICANT - Organizational Unit

Sewer Authority Mid-Coastside

4. ADDRESS - Street or P. O. Box

P.O. Box 67

2 FEDERAL EMPLOYER ID NO.

946050299

5. CITY

Half Moon Bay

6. COUNTY

San Mateo

7. STATE

CA

8. ZIP CODE

94019

9. PROG TITLE/NO. (Catalog of Fed Domestic Assistance)

66418 Construction Grants

10. TYPE OF ACTION

a ☒ New c ☐ Modification
b ☐ Continuation

TYPE OF CHANGE (Complete if 10b or 10c was checked)

11. a ☐ Increased Dollars
b ☐ Decreased Dollars12. a ☐ Increased Duration
b ☐ Decreased Duration13. a ☐ Other Scope Change
b ☐ Cancellation

14. EXISTING FED GRANT

75D-1022

15. REQUESTED FUND START

yr mo
19 76 07

16. FUNDS DURATION

06 (Months)

17. EST. PROJECT START

yr mo
19 76 07

18. EST. PROJECT DURATION

06 (Months)

19. APPLICANT TYPE

A. State

F. School District

E

B. Interstate

G. Community Action Agency

C. Sub State Dist

H. Sponsored Organization

D. County

I. Indian

E. City

J. Other (Specify in Remarks)

FUNDS REQUESTED (For Changes Show Only Amt. of Inc. (+) or Dec.)

20. FEDERAL () \$ 300,53321. STATE () \$ 50,08922. LOCAL () \$ 126,27823. OTHER () \$ 024. TOTAL (20, 21, 22, 23) () \$ 471,900

25. BRIEF TITLE OF

APPLICANT'S PROJECT

Sewer Authority Mid-Coastside (S.A.M.)

26. DESCRIPTION OF APPLICANT'S PROJECT (Purpose)

To design Joint Sewage transmission, treatment and disposal facilities for City of Half Moon Bay, Granada Sanitary District and Montara Sanitary District (Step II Grant Application)

RECEIVED

27. AREA OF PROJECT IMPACT (Indicate City, County, State, etc.)

Half Moon Bay, San Mateo County

JUN 23 1976

STATE- WIDE ☒ COUNTY- WIDE ☒ MULTI- COUN ☒
Yes No Yes No Yes No

28. CONGRESSIONAL DISTRICT

Of Applicant Districts Impacted By Project

[11]

29. Environmental Assessment Required By State/Federal Agency?

PROJECT REVIEW

☒ Yes☐ No

30. CLEARINGHOUSE(S) TO WHICH SUBMITTED

a ☒ State b ☒ Area Wide c ☐ None

31. a NAME/TITLE OF CONTACT PERSON

F. J. Karpain, City Engineer

b ADDRESS - Street or P. O. Box

P.O. Box 67, Half Moon Bay, CA 94019

c TELEPHONE NO.

415/726-5566

31. d IS ENVIRONMENTAL DOCUMENT REVIEW REQUIRED YES ☒ NO ☐If Yes ☒ Environmental Impact Statement (Report) Attached (20 copies)☒ Draft EIR ☒ Final EIR☐ Negative Declaration Attached (20 copies)☐ None attached - Document Will Be Forwarded On

Approximately

Mon Day Year

If No ☐ Federal Program Does Not Require An Environmental Document☐ Project Exempt Under State Categorical Exemption, Class

e Will the project require relocation?

YES ☐ NO ☒

f Does your agency have a civil rights affirmative action policy and plan?

YES ☐ NO ☐

g Is project covered by A-95, Pt IV?

YES ☐ NO ☒

If yes, is MOA executed?

YES ☐ NO ☐

h If project is physical in nature or requires a environmental document, list the U. S. Geologic Survey Quadrangle map in which project is located.

Half Moon Bay
Montara Mountain

ITEMS 32-38 TO BE COMPLETED BY CLEARINGHOUSE

32. CLEARINGHOUSE ID

301

MULTIPLE

☐ CLEARINGHOUSE

33. a ACTION BASED ON REVIEW OF

a ☐ Notificationb ☒ Application

33. b ACTION TAKEN

a ☒ With Commentc ☐ Waivedb ☐ Without Commentd ☐ Unfavorable

34. STATE APPLICATION IDENTIFIER (SAI)

C A

State

Number

35. CLEARINGHOUSE IMPACT CODE

STATE WIDE

☐ Yes ☐ No

County/ Ping Area

City

County/ Ping Area

City

County/ Ping Area

City

County/ Ping Area

City

County/ Ping Area

City

County/ Ping Area

City

36. STATE PLAN REQUIRED

☐ Yes ☒ No

37. RECEIVING DATE

AT CLEARINGHOUSE

yr mo day

19 76 07 09

38. FINAL CH ACTION DATE

yr mo day

19 76 07 20

38. a SIGNATURE OF CH OFFICIAL

ITEMS 39-42 TO BE COMPLETED BY APPLICANT BEFORE SENDING FORM TO FEDERAL AGENCY

39. CERTIFICATION -

The applicant certifies that to the best of his knowledge and belief the above data are true and correct and filing of this form has been duly authorized by the governing body of the applicant.

Check box if clearinghouse response is attached. ☐

40. a NAME (Print or Type)

W. Fred Mortensen

b TITLE

City Manager

c SIGNATURE of Authorized Representative

d TELEPHONE NUMBER

415 726-5566

41. DATE MAILED TO FEDERAL/STATE AGENCY

yr mo day

19 75 08 29

42. NAME OF FEDERAL / STATE AGENCY

TO WHICH THIS APPLICATION SUBMITTED

SWRQCB

ITEMS 43-54 TO BE COMPLETED BY FEDERAL OFFICE EVALUATING AND RECOMMENDING ACTION ON THE APPLICATION

43. GRANT APPLICATION ID

(Assigned by Federal Agency)

52. Application Rec'd.

yr mo day

53. a Exp. Action Date

yr mo day

Always Complete

53. b Ret to Applicant

yr mo day

RECEIVED
JUN 25 1976
DIVISION OF WATER QUALITY